

REGISTRATION FORM:

 **CASH ONLY ACCEPTED** 

Childs Name: _____

Address: _____

Phone: _____ **Cell Phone:** _____

Parent/Guardian: _____

School: _____ **M or F** **Age** _____

Grade _____ **Date of Birth:** _____

Sport Signing Up For: _____

Please ask staff
about shorts.
Shorts are not
ordered in all
sports.

UNIFORM ORDER **YOUTH SIZES** **JERSEY -----*SHORT**

<u>S</u>	<u>M</u>	<u>L</u>		<u>S</u>	<u>M</u>	<u>L</u>
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ADULT SIZES **JERSEY -----*SHORT**

<u>S</u>	<u>M</u>	<u>L</u>	<u>XL</u>	<u>1X</u>		<u>S</u>	<u>M</u>	<u>L</u>	<u>XL</u>	<u>1X</u>
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****Please take care in ordering your child's correct size. Your child will get the size that YOU ordered. If you fail to order correct size YOU will be responsible for the cost of the new uniform & shipping charges if a new uniform is requested.**

ONCE UNIFORMS ARE ORDERED NO REFUNDS WILL BE GIVEN!!
NO requests for coaches will be honored. Draft system for all upper divisions!

Does your child have any medical conditions we should be aware of? Yes or No, if yes describe _____

Would you like to be a volunteer coach? IF yes, please state coaches name _____

Would you like to sponsor a team? If yes, please state business or team name you would like on the jerseys!!

Would you like to donate to our programs? Yes or No

CODE OF CONDUCT

Upon placement of our signatures, we hereby understand that there is a code of conduct for youth league programs and its participants & are hereby aware that if the Codes of Conduct are not conformed with that disciplinary actions can be imposed upon a participating child or myself!

Parent/Guardian Signature

MEDICAL RELEASE

I hereby authorize the medical treatment of the child participant in case of an emergency, illness or injury. As the parent/guardian of the child participant, I do hereby give my permission for his/her participation in the City of Trinidad Youth League Program and do indemnify and hold harmless the said City of Trinidad from any damages resulting from any injury that may be sustained while my child is participating in the youth league program.

Parent Signature/Date

*******FOR OFFICE USE ONLY*******

PAID Y or N Receipt: _____

Staff Name: _____

Notes: _____